#### DEPARTMENT OF HEALTH AND HI N SERVICES

PRINTED: 07/12/2019

CENT	ERS FOR MEDICAL	RE & MEDICAID SERVICES			FORM APPROV OMB NO. 0938-03
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		09G153	B. WING	-	05/00/0040
NAME O	Dentification number 199G153  The following abbreviations will appear throughout the report:  BSP - Behavior Support Plan DSP - Direct Support Professional LPN - Licensed Practical Nurse QIDP - Qualified Intellect Disabilities Professional PD/QIDP - Program Director/Qualified Intellect Disabilities Professional STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)  This STANDARD is not met as evidenced by: Based on observations, interview and record review, the facility failed to ensure that staff was effectively trained on implementing each client's BSP, for one of two clients in the core sample. (Client #2)	R		STREET ADDRESS, CITY, STATE, ZIP (	06/20/2019
COMP	CARETI			WASHINGTON, DC 20011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO	SHOULD BE COMPLETION
W 000	INITIAL COMMEN	ITS	W 0	00	8
	o6/19/19 to 06/20/ selected from a posurvey was conducted fundamental surved.  The findings of the observations, internal administrative reconductions.  The following abbrethroughout the report throughout the report throughout the report Supported Supporte	19. A sample of two clients was epulation of four males. The cled utilizing the focused by process.  survey were based on views and review of rds.  eviations will appear ort:  poort Plan ort Professional clical Nurse ellectual Disabilities			
V 189	STAFF TRAINING F	PROGRAM	W 189	•	
	initial and continuing employee to perforn	training that enables the			
r e E	Based on observation  eview, the facility fail  fectively trained on  SSP, for one of two o	ons, interview and record led to ensure that staff was implementing each client's			
F	indings included:				
ATORY DI	RECTOR'S OR PROVIDER	E/SUPPLIER REPRESENTATIVE'S SIGNATU Laslum's	JRE	Adm. Asst.	(XB) DATE
ficiency e	tatement anding with an	anti-data (a) da al al al al al		4 (0111 1135)	1/24/17

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: XGIJ11

Facility ID: 09G153

If continuation sheet Page 1 of 7

#### DEPARTMENT OF HEALTH AND HE N SERVICES

PRINTED: 07/12/2019 FORM APPROVED OMB NO. 0938-0391

		& MEDICAID SERVICES			OMB NO. 0	938-039
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		09G153	B. WING_		06/20	)/2019
COMP CA	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20011		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PREFIX (EACH DEFICIENCY		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
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W 189 Continued From page 1

On 06/19/19 at 05:16 PM, the surveyor opened the front door for Client #2 and his one to one staff (DSP #3) after returning from a community walk. DSP #3 placed himself between the surveyor and Client #2 as they walked inside the facility. Once inside the facility, Client #2 saw another visitor (Clients #3 and 4 barber) standing in the living room. The client immediately ran into the living room and began to hit the barber on the shoulder and barely touching the right side of his face. DSP #3 and DSP #2 both verbally prompted the client to stop and go upstairs to his bedroom. Client #2 complied and went upstairs with DSP #3 and DSP #2.

At 05:15 PM, DSP #3 said during an interview that he did not expect for the surveyor to open the front door which triggered more agitation for Client #2. DSP #3 stated that remained between the surveyor and Client #2 as they entered the facility because of the agitation. DSP #3 further stated that he did not know there was another visitor (Barber) inside the facility which led to Client #2 running in the living room and hitting the Barber. DSP #3 said physical aggression was part of Client #2's BSP and staff was to inform him (client) when visitors are coming to the facility. DSP #3 added that no one told the client or him.

On 06/20/19 at 10:44 AM, review of Client #2's BSP dated 05/31/19 confirmed DSP #3's interview that the client had a maladaptive behavior of physical aggression and attempted physical aggression. Further review of the BSP showed that if Client #2 is physically aggressive (i.e. hitting), redirect him in a calm but firm voice to "stop". Continued review of the BSP revealed

W 189

CENT	ERS FOR MEDICAR	THAND H. IN SERVICES			1	FORM	D: 07/12/20 M APPROV
ISTATEMEN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	OMB NO	O. 0938-03 TE SURVEY MPLETED
		09G153	B. WING				
NAME OF	F PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE	06	/20/2019
COMP					SHINGTON, DC 20011		
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W 189	W 189 Continued From page 2 showed the following proactive strategies:		W 18	90	×.		
			VV IC	19			
	<ul> <li>Inform [client name receiving new visitor program.</li> </ul>	e] ahead of time if he will be ors at his residence or day					
	the visitor and let the	r arrives at his residence, his e the one to introduce him to e client know why they are put Client #2 at ease.					
•	euronufers and be to	f new people [client name] o make introductions son comes around him.					
0	that sile did not inform	#1 said during an interview m Client #2 and/or his one to pat there was another visitor					
A	At 1:20 PM, interview	with the HM revealed that					

she did not inform Client #2 and/or DSP #3 that the Barber was inside the facility. The HM stated Client #2 should have been notified as soon as the Barber entered the facility.

Telephone interviews were conducted with the DSP #1 and LPN #4 between 1:25 PM and 1:29 PM. When asked, both DSP #1 and LPN #4 confirmed that they did not inform Client #2 and DSP #3 that there was another visitor inside the facility.

At 1:41 PM, PD/QIDP #2 said during an interview that it was the responsibility of the entire shift to ensure Client #2 was aware that another visitor was inside the facility. When asked, PD/QIDP #2 stated that all staff had been trained on Client #2's BSP. PD/QIDP #2 further stated that he

	TMENT OF HEALTH	AND HUMAN SERVICES & MEDI  ) SERVICES		0		7 APPROVED 0. 0938-0391
STATEMEN	TEMENT OF DEFICIENCIES OPLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		09G153	B. WING		06	/20/2019
NAME OF	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE  ASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	as possible.  At 1:47 PM, review of training records reversatified that received the However, observation the training was not.  At the time of the surensure that Client #2 visitor was inside the the BSP.  PROGRAM IMPLEM CFR(s): 483.440(d)(  As soon as the intercontent of the surent program of the intercent program of the content program of the prog	of the facility's in-service ealed that on 05/31/19, all aining on Client #2's BSP. ons on 06/19/19 showed that effective.  In the facility failed to a was informed that another efacility, as recommended by the facility failed to a was informed that another efacility, as recommended by the facility failed to a continuous active	W 189	Staff have been retrain on Client #2"s Behavior Support Plan(BSP). The facility's QIDP and How Manager will routinely support staff in implementing and adher to Client #2's BSP interventions.  Staff shall be retrained semi-annually or as new on all BSPs.	or ne ouse ering	07/15/19
1	Based on observation review, the facility fail					
3		PM, the surveyor opened nt #2 and his one to one			3	

### DEPARTMENT OF HEALTH AND HUN SERVICES

PRINTED: 07/12/2019 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE	& MEDICAID SERVICES			(	DMB NO. 0938-039
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		09G153	B. WING	···		06/20/2019
NAME OF P	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS,	CITY, STATE, ZIP CODE	
COMP CA	REII			WASHINGTON, I	DC 20011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	PER'S PLAN OF CORRECTION RRECTIVE ACTION SHOUL ERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION

#### W 249 Continued From page 4

staff (DSP #3) after returning from a community walk. DSP #3 placed himself between the surveyor and Client #2 as they walked inside the facility. Once inside the facility, Client #2 saw another visitor (Clients #3 and 4 barber) standing in the living room. The client immediately ran into the living room and began to hit the barber on the shoulder and barely touching the right side of his face. DSP #3 and DSP #2 both verbally prompted the client to stop and go upstairs to his bedroom. Client #2 complied and went upstairs with DSP #3 and DSP #2.

At 05:15 PM, DSP #3 said during an interview that he did not expect for the surveyor to open the front door which triggered more agitation for Client #2. DSP #3 stated that remained between the surveyor and Client #2 as they entered the facility because of the agitation. DSP #3 further stated that he did not know there was another visitor (Barber) inside the facility which led to Client #2 running in the living room and hitting the Barber. DSP #3 said physical aggression was part of Client #2's BSP and staff was to inform him (client) when visitors are coming to the facility. DSP #3 added that no one told the client or him.

On 06/20/19 at 10:44 AM, review of Client #2's BSP dated 05/31/19 confirmed DSP #3's interview the that client had a maladaptive behavior of physical aggression and attempted physical aggression. Further review of the BSP showed that if Client #2 is physically aggressive (i.e. hitting), redirect him in a calm but firm voice to "stop". Continued review of the BSP revealed showed the following proactive strategies:

- Inform [client name] ahead of time if he will be

W 249

### DEPARTMENT OF HEALTH AND HL IN SERVICES

PRINTED: 07/12/2019 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					D. 0938-039
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		09G153	B. WING			Or	6/20/2019
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COMP	CARE II			V	VASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249	Continued From pag	ge 5	W 2	49			
	receiving new visitor program.	rs at his residence or day					
	i one to one should be the visitor and let the	r arrives at his residence, his e the one to introduce him to e client know why they are put Client #2 at ease.					
	encounters and be to	f new people [client name] o make introductions son comes around him.					A.
	that she did not infor	#1 said during an interview rm Client #2 and/or his one to nat there was another visitor					
	she did not inform CI the Barber was inside	w with the HM revealed that lient #2 and/or DSP #3 that e the facility. The HM stated e been notified as soon as ne facility.					_
   	DSP #1 and LPN #4   PM. When asked, bo confirmed that they d	were conducted with the between 1:25 PM and 1:29 oth DSP #1 and LPN #4 lid not inform Client #2 and as another visitor inside the					
t e v s	that it was the respon ensure Client #2 was was inside the facility. stated that all staff ha	P #2 said during an interview asibility of the entire shift to aware that another visitor.  When asked, PD/QIDP #2 d been trained on Client #2 further stated that he					

as possible.

would retrain on staff on Client #2's BSP as soon

	,	olete Event ID: XGIJ11	Facility ([	0: 09G153 If cont	inuation sheet	Page 7 of 7
CMS-2587(02	2-99) Previous Versions Obs	Diets Event ID: YOU 144	FW-			
	*					
				- Staff shall be retra semi-annually or a on all BSPs.	ined s needed	07/15/19
				Manager will roun support staff in implementing and to Client #2's BSI interventions	tinely l adhering	07/15/19
W 249 Continued From page 6 At the time of the survey, th implement Client #2's BSP,	urvey, the facility failed to	W 249	W 249  - Staff have been roon Client #2"'s Been Support Plan (BS) facility's QIDP ar	havior P). The		
(X4) ID PREFIX TAG W 249	REGULATORY OR L	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
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NAME OF	PROVIDER OR SUPPLIER	09G153	B. WING			6/20/2019
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	HFD03-0127	B. WING		06/20/2019
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1 000 INITIAL COMMENT	S	1 000		(4)
to 06/20/19. A samp selected from a pop				4
observations, intervi and administrative re	The findings of the survey were based on observations, interviews and review of resident and administrative records.			
Note: The below are appear throughout th	e abbreviations that may ne body of this report.			
BSP - Behavior Support DSP - Direct Support GHIID - Group Home Intellectual Disabilitie LPN - Licensed Pract	t Professional e for Individuals with s			20 20 21
QIDP - Qualified Intel Professional	llectual Disabilities  Director/Qualified Intellectual			
1 422 3521.3 HABILITATIO	N AND TRAINING	1 422		
Each GHMRP shall prand assistance to resident 's Individ	rovide habilitation, training idents in accordance with ual Habilitation Plan.			
This Statute is not me Based on observation review, the GHIID faile Resident's BSP was in for one of two Residen maladaptive behaviors	interview and record ed to ensure that each inplemented consistently, ints in the core sample with			
Findings included:				
staff (DSP #3) after ret	PM, the surveyor opened fent #2 and his one to one urning from a community			25
Regulation & Licensing Administrat ATORY DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE	(X6) DATE

XGIJ11

PRINTED: 07/12/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD03-0127	B. WING		06/20/2019
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1 422 Continued From pa	ge 1	1 422		
surveyor and Resid the GHIID. Once in saw another visitor standing in the living immediately ran into	ed himself between the ent #2 as they walked inside side the GHIID, Resident #2 (Residents #3 and 4 barber) groom. The Resident to the living room and began to e shoulder and barely touching			
the right side of his both verbally promp go upstairs to his be	face. DSP #3 and DSP #2 ted the Resident to stop and edroom. Resident #2 upstairs with DSP #3 and			
that he did not expe front door which trig Resident #2. DSP # between the surveyor entered the GHIID b #3 further stated tha	3 said during an interview ct for the surveyor to open the gered more agitation for 3 stated that remained or and Resident #2 as they ecause of the agitation. DSP the did not know there was er) inside the GHIID which			
hitting the Barber. Days aggression was part staff was to inform h	of Resident #2's BSP and im (Resident) when visitors HIID. DSP #3 added that no			
BSP dated 05/31/19 interview that the res	ident had a maladaptive			
physical aggression. showed that if Reside aggressive (i.e. hittin	g), redirect him in a calm but Continued review of the BSP			
strategies:	renewing biorioniae			=
Inform (Desident se	me] ahead of time if he will			

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Health Regulation & Licent	sing Administration			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD03-0127	B. WING		06/20/2019
NAME OF PROVIDER OR SUPPLIE	R STREET A	ODRESS, CITY, S	TATE, ZIP CODE	
COMP CARE I I	WASHING	GTON, DC 20	011	
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1 422 Continued From p	page 2	1 422		
program.	visitors at his residence or day			Т
one to one should	tor arrives at his residence, his be the one to introduce him to the Resident know why they are	i		
there. This will hel	p put Resident #2 at ease.  of new people [Resident			4
name] encounters	and be to make introductions erson comes around him.			
that she did not inf	P#1 said during an interview orm Resident #2 and/or his SP #3) that there was another HIID.			
she did not inform that the Barber was stated Resident #2	ew with the HM revealed that Resident #2 and/or DSP #3 inside the GHIID. The HM should have been notified as entered the GHIID.			ė
Telephone interview DSP #1 and LPN # PM. When asked, confirmed that they	vs were conducted with the 4 between 1:25 PM and 1:29 both DSP #1 and LPN #4 did not inform Resident #2 ere was another visitor inside			
that it was the responsive Resident #2 visitor was inside the PD/QIDP #2 stated on Resident #2's BS stated that he would #2's BSP as soon as				
At the time of the su	rvey, the GHIID failed to			

Health Regulation & Licensing Administration STATE FORM

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If continuation sheet 4 of 4

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3:	(X3) DATE SURVE COMPLETED
		HFD03-0127	B. WING		06/20/201
NAME OF P	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY	STATE, ZIP CODE	
COMP CA	AREII	WASHING	STON, DC 2	20011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COM
1422	Continued From pag	je 3	1 422	I 422	
	implement Resident	#2's BSP, as recommended.		- Staff have been retron Client #2"s Beha Support Plan (BSP) facility's QIDP and Manager will routin support staff in implementing and act to Client #2's BSP	vior The House ely
				interventions	07/15/
1		î		- Staff shall be retraine semi-annually or as ron all BSPs.	ed
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## DEPARTMENT OF HEALTH AND H AN SERVICES

PRINTED: 07/12/2019 FORM APPROVED OMB NO. 0938-0391

		& MEDICAID SERVICES			OMB NO. 093	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SUR COMPLET	RVEY
		09G153	B. WING		0613013	040
NAME OF	PROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP (	06/20/2	019
COMP			w	ASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COM	(X6) MPLETIC DATE
E 000	Initial Comments		E 000		1	
	An emergency prep conducted from 06/	aredness survey was 19/19 through 06/20/19.				
	The findings of the s interviews and review preparedness progra	urvey were based on work of the emergency arn.				
	Note: The below are appear throughout the	abbreviations that may be body of this report.				
	EP - Emergency Pre EPP - Emergency Pr PD/QIDP - Program Disabilities Professio	eparedness Plan Director/Qualified Intellectual				
E 026		r Declared by Secretary	E 026			
1	develop and impleme policies and procedur plan set forth in paragrassessment at paragrand the communication in the policies eviewed and updated minimum, the policies address the following:					
[1 ir p c	facility] under a waive n accordance with sec provision of care and t	or (9)] The role of the r declared by the Secretary, ction 1135 of the Act, in the reatment at an alternate emergency management			10 10	
p		le of the RNHCI under a				
RATORY DI	RECTOR'S OR PROVIDERS	SUPPLIER REPRESENTATIVE'S SIGNA	TURE	N ) TITLE	(X8) DATE	
~ <b>=</b> =+=1====	00	· Marlanj		addm. Asst.	1/22/	14

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

# DEPARTMENT OF HEALTH AND H. IN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G153	B. WING			06/20/2019
NAME OF PROVIDER OR SUPPLIER  COMP CARE I I  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	WASHINGT P (EA	RESS, CITY, STATE, ZIP CODE  FON, DC 20011  ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD S-REFERENCED TO THE APPROPE	N (X5) BE COMPLETION	
€ 039	with section 1135 of at an alternative care management official This STANDARD is EP Testing Requiren CFR(s): 483.475(d)(i) (2) Testing. The [faci RNHCls and OPOs] test the emergency p [facility, except for RI all of the following:  *[For LTC Facilities a The LTC facility must the emergency plan a unannounced staff dr procedures. The LTC following:]  (i) Participate in a full-	he Secretary, in accordance Act, in the provision of care e site identified by emergency s. not met as evidenced by:  nents 2)  lity, except for LTC facilities, must conduct exercises to clan at least annually. The NHCIs and OPOs] must do  t §483.73(d):] (2) Testing, conduct exercises to test at least annually, including ills using the emergency facility must do all of the	E 02	E 026	DEFICIENCY)	al a is 07/26/19 ty i
i t	exercise is not access facility-based. If the [factual natural or managed in the part of t	sible, an individual, facility] experiences an made emergency that the emergency plan, the n engaging in a ndividual, facility-based 1 year following the onset of the tothe following:				

PRINTED: 07/12/20

	RIMENT OF HEALTH				FORM APPROVE
		& MEDICAID SERVICES	·		OMB NO. 0938-039
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED
		09G153	B. WING		06/20/2019
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	, ZIP CODE
COMP	CARE I I			WASHINGTON, DC 20011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE COMPLETION O THE APPROPRIATE DATE
E 039	Continued From pag	ge 2	E 03	20	
	clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an		⊏ 03	9	
	emergency plan.				
	(iii) Analyze the [faci	lity's] response to and ition of all drills, tabletop			
	exercises, and emer	gency events, and revise the			
	[facility's] emergency	plan, as needed.			
	*[For RNHCIs at §40	3.748 and OPOs at			×
1	§486.360] (d)(2) Tes	ting. The [RNHCI and OPO]			
must conduct exercises to test the emergency plan. The [RNHCI and OPO] must do the					
	following:				
	(i) Conduct a paper-	based, tabletop exercise at			
	discussion led by a fa	etop exercise is a group acilitator, using a narrated,			
3	clinically relevant em	ergency scenario, and a set			*
of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.					
	(ii) Analyze the [RNH	ICI's and OPO's] response			
to and maintain documentation of all tabletop exercises, and emergency events, and revise the					
[RNHCl's and OPO's] emergency plan, as					
r	needed.				
	Based on record revi	not met as evidenced by:			
Based on record review and staff interview, the facility failed to document its efforts used to					
c	onduct a full-scale co	ommunity-based exercise			
v re	vith outside sources, i	for four of four clients (Clients #1, 2, 3 and 4).			
	indings included:	,			
Ω	n 06/19/19 at 0:32 A	M, the EP leader (PD/QIDP			
#:	2) agreed to make av	vailable for review all			

documentation pertaining to the facility's EPP on 06/20/19 by 9:00 AM.

## DEPARTMENT OF HEALTH AND HU N SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 07/12/2019 FORM APPROVED OMB NO. 0938-0391

		WEDICAID SERVICES			OMB	NO. 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDENT IDENTIFY		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		DATE SURVEY COMPLETED
		09G153	B. WING		1	
NAME OF PROVIDER OR SUPPLIER  COMP CARE I I  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID	STREET ADDRESS, CITY, STATE, ZIP CODE WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECT		06/20/2019
PREFIX TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
E 039	On 06/20/19 beginn facility's EPP (update facility did not particity community-based experies PM, PD/QIDP #2 contract the had not react about coordinating a facility.	ing at 12:05 PM, review of the ed 05/31/19) showed that the pate in a full-scale kercise to present. At 12:54 infirmed during an interview hed out to outside sources full-scale exercise with the every, the facility failed to a attempted to identify a	E 039	The facility will collaborate with exter agencies in conductin full scale exercise that community based.  - Alternatively, the faci will document an individual facility base exercise if the facility experiences an actual natural or man-made disaster that requires activation of the Emergency Plan. This serve in the place of a community based exer	g a t is lity ed shall	07/26/19
						- 1